

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

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What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

"Education of the wider community should be a mandatory part of the school curriculum, taught and discussed at all levels and types of school - primary, secondary, tertiary and post graduate. As a former secondary school principal I am very aware that there is still much stigma, families are embarrassed, the media makes quick uninformed judgement, carers are often ashamed and even friendly neighbors are unsure how to interact and often stay behind the curtains, peeping out when the police and ambulance arrive. Sometimes young carers do not trust teachers or fellow students to tell them of the onerous tasks at home with a family member with mental health issues. - They have responsibilities which have major effects on their academic progress and their own physical and mental health. There should be equal carer and equal treatment for both mental illness and physical illness. Mental Health is the Cinderella of the Health System. The body and the mind are intrinsically mixed."

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"The Open Dialogue Approach is making a positive impact on the quality of Life of people with mental health issues and their families. It is a whole community approach introduced in Scandinavia in the 1980s and gradually spreading successfully across parts of Europe, USA and UK. I fear that enormous amounts of money in the Royal Commission will be spent on long discussions of what is not working here with little concentration on what can be done. There is strong community discussion of what is not working leaving little time to concentrate on solutions. The Open Dialogue Approach involves the patient, the carer/significant other and/or an advocate at all stages- access to early intervention when "things are not quite right", admission process for in-patient treatment, treatment plans, discharge plans and follow-up support at all stages. All taking "as long as it takes". As the FINNISH professors said at their lectures recently in Australia and overseas. The ODA initially takes more funding, more staff and more time but ultimately it reduces recidivism, saves money and most importantly saves lives. Headspace is working well but the principles of the "one stop shop" should be extended to older patients with mental health issues. Whatever else happens there MUST be more training and qualifications for staff including aptitude tests and more pay."

What is already working well and what can be done better to prevent suicide?

"There is very little working well in our mental health system in spite of some excellent, competent and sensitive work by many qualified dedicated staff who under great pressure. Understanding of mental health (see Q 1) would be one big step to improve the horrifying suicide statistics. Even in the beautiful environment of our area, the Mornington Peninsula, the suicide rate is high. There are no magic wands but there is much that we could all do better. *There must be more community awareness and action. There must be more OUTREACH. We all at some stage walk

past the people huddled in the streets, some claim they have "choices" Suicide rates are not immediately accessible.. We cannot always blame our leaders, we vote for them. but-"" the mark of civilization is the way we treat our most vulnerable and disadvantaged citizens"" *It is totally unacceptable that in this country there is so little action to give EVERYONE the opportunity to have basic human rights- a safe home, quality free education for rich and poor, counselling and job opportunities,- "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"In AUSTRALIA it should not be hard for most people to experience good mental health but it is difficult mostly because of the inequality which is rapidly widening. During the past few years access to mental health treatment and support has become more difficult, *the role of the Carer consultants has become increasingly an administrative role with very little ,if any, face-to -face contact with anxious people- *ED s are overcrowded and little time is given for detailed diagnoses. Some police report they pass their patients leaving the hospital as they themselves return to their cars *Community services are struggling to develop their programs as the NDIS rolls out *Vulnerable and disadvantaged people often do not know about services and resources let alone how to access them. ."

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

"Access to services. This could be addressed by *Free Education about mental health at all stages of education - schools, media (see Q1) * Outreach to the whole community,' the village concept' * EQUAL CARE FOR PHYSICAL & MENTAL illness(our [REDACTED] has paranoid schizophrenia, borderline intellectual disability,- medication has led to obesity,gout,diabetes etc. He was an involuntary patient many times in the old institutions [REDACTED] from [REDACTED] years old to [REDACTED] yo when he was discharged as the institutions closed. He has made an impact on every aspect of our lives . We could not find appropriate supported accommodation so he lived with us , grappling with post traumatic stress and crippling nightmares. After [REDACTED] years with gradually improving quality of life, he had recurrence of severe pneumonia which led to hospitalization. There was little attention to the pneumonia but there was,fear - isolation in a white walled security room and years of increasing delusions. We are determined to work tirelessly that this will not happen to others. He now has great support from a NDIS team.encouraging him to reach his goals."

What are the needs of family members and carers and what can be done better to support them?

"1. Please consider implementing the Open Dialogue Approach. It ticks all the boxes - *Carer and family involvement at all stages of treatment support-Admission, treatment plans, discharge , aftercare, support. 2 Physical assessment mandatory.on admission. see publication from ,Mental Health Commission ""Equally Well "" 3 Outreach to vulnerable and disadvantaged 4 Reinstate the original role of the Carer Consultant with access to advice for referral, education, encouragement and support. 5.Community involvement - wide education, clear referral information More training for staff including aptitude tests 6. More funding 7.EQUAL CARE AND TREATMENT FOR MENTAL ILLNESS AND PHYSICAL ILLNESS 8.QUALITY ACCOMMODATION OPTIONS"

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"More training including comprehensive aptitude tests and well developed mentoring programs. More training and research into legal and illegal drugs. Consideration of training and employing and monitoring some peer works who have conquered the addiction. More time to interact with patients, carers. Improved working conditions, Recognition of pressure of work. Higher pay. Recognition of the importance of having enough staff to allow enough time for staff and patients to really trust and listen to each other. "

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"1. People with mental illness have the same basic rights as every other citizen. The right to have quality affordable accommodation with appropriate support to prevent "the revolving door"
Accessing treatment and education for people addicted to drugs. 2Access to Healing Places foR people with mental health issues who need periods of respite and support after discharge, indeed maybe years after discharge. 3. Support for social activities., financial management, free education and financial assistance for rent 4.job opportunities with financial assistance and regular mentoring if needed. 5. Financial support for Carer Support Groups "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"1, Implementation of the 'Open Dialogue Approach.'. 2 Community Involvement 3, Education 4, Clear referral process 5. Free rehabilitation programs for people with drug issues. 5 Expansion of HEADSPACE model for services for older people with mental health issues. 6 Much better training and pay for workers 7.EQUAL RIGHTS AND EQUAL CARE FOR MENTAL ILLNESS AND PHYSICAL ILLNESS. 8More funding. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

". 1. Clear acknowledgement that the situation is critical 2.Concentration on what has to be done.not just on errors of the past 3. Recognition of the high quality of work of many clinicians and staff and the great pressure of their work 4. Involvement of the wider community in overcoming fear and myths and challenges of MENTAL health issues.- working with GPS media, schools. 5. Establishing more education for carers, involving carers in the implementation of these programs. "

Is there anything else you would like to share with the Royal Commission?

"Thanks for the opportunity to write this submission; our society is becoming increasingly divided as inequality increases. It is important that more and more of our community sees beyond the sometimes ugly mask of disability and mental illness and recognize the person behind the mask with the same rights and yearnings as anyone else. It is important too to recognise that probably the same proportion of the so called 'normal' people commit crimes and have to face consequences as people with a mental illness. We need to pause, when the media jumps to conclusions and makes quick judgement."